



Coping and stigmatization of the morbidly obese

Enfrentamento e estigmatização do obeso mórbido

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ABSTRACT

Objective: To understand morbidly obese individuals' coping with everyday situations and lifestyle. **Methods:** A qualitative research was conducted using a phenomenological approach at the endocrinology and bariatric surgery sector of a reference tertiary hospital in Ceará with 22 morbidly obese individuals from December 2018 to February 2019. Research participants were over 18 years old and had a BMI $\geq 40\text{kg/m}^2$. Data were collected through an interview to collect sociodemographic information, followed by a phenomenological interview based on the guiding question: how do you perceive yourself in society as morbidly obese? **Results:** The group consisted of 22 participants with a mean age of 44.1 ± 7.67 years. Of the total, 15 (68.1%) lived in the countryside of the state, ten (45.4%) had completed secondary education, and 13 (59%) were married. The categories that emerged from the reports were: society's prejudice; diet as a way of life or sacrifice?; fashion as a villain for the obese. The reports were discussed from the phenomenological point of view of Merleau-Ponty. **Conclusion:** The complexity of intervention on obesity is highlighted in a situation that involves numerous biological, psychological and social issues. The ways of coping ranged from feelings of shame to discouragement to motivation for therapies and anger.

Descriptors: Obesity; Social stigma; Adaptation, Psychological.

RESUMO

Objetivo: Compreender o enfrentamento do obeso mórbido em situações do cotidiano e estilo de vida. **Métodos:** Pesquisa de natureza qualitativa, com abordagem fenomenológica, realizada no setor de endocrinologia e cirurgia bariátrica de hospital terciário de referência no Ceará, com 22 obesos mórbidos, no período de dezembro de 2018 a fevereiro de 2019. Utilizou-se para a pesquisa pacientes maiores de 18 anos com IMC $\geq 40\text{kg/m}^2$. A obtenção dos dados ocorreu por meio de entrevista com informações sociodemográficas, seguida de entrevista fenomenológica a partir da pergunta norteadora: como você se percebe na sociedade como obeso mórbido? **Resultados:** O grupo constituiu-se de 22 participantes, com média de idade de $44,1 \pm 7,67$ anos. Do total, 15 (68,1%) residiam no interior do estado, dez (45,4%) possuíam ensino médio completo, e 13 (59%) eram casados. As categorias que emergiram dos discursos deram-se enquanto: o preconceito da sociedade; dieta como modo de vida ou sacrifício?; a moda como um vilão para o obeso. Discutiram-se os relatos a partir do olhar fenomenológico de Merleau-Ponty. **Conclusão:** Ressalta-se a complexidade da intervenção sobre a obesidade diante de uma situação que envolve inúmeras questões biológicas, psicológicas e sociais. As formas de enfrentamento perpassaram por sentimentos de vergonha, desânimo, motivação para terapias e raiva.

Descritores: Obesidade; Estigma Social; Adaptação Psicológica.



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RESUMEN

Objetivo: Comprender el enfrentamiento del obeso mórbido en situaciones del cotidiano y su estilo de vida. **Métodos:** Investigación de naturaleza cualitativa y de abordaje fenomenológica realizada en el sector de endocrinología y cirugía bariátrica del hospital terciario de referencia de Ceará con 22 obesos mórbidos, en el período entre diciembre de 2018 y febrero de 2019. Para la investigación se utilizó los pacientes con más de 18 años y el IMC $\geq 40\text{kg/m}^2$. La obtención de los datos se dio a través de entrevista con informaciones sociodemográficas, seguida de la entrevista fenomenológica a partir de la pregunta norteadora: ¿cómo te ves en la sociedad como una persona con obesidad mórbida? **Resultados:** El grupo tenía 22 participantes con media de edad de $44,1 \pm 7,67$ años. Del total de participantes, 15 (68,1%) vivían en el campo, diez (45,4%) tenían educación básica completa y 13 (59%) eran casados. Las categorías que emergieron de los discursos fueron: el prejuicio de la sociedad; ¿la dieta como modo de vida o sacrificio?; la moda como el villano para el obeso. Se ha discutido los relatos a partir de la mirada fenomenológica de Merleau-Ponty. **Conclusión:** Se destaca la complejidad de la intervención sobre la obesidad ante una situación que tiene inúmeras cuestiones biológicas, psicológicas y sociales. Las formas de enfrentamiento pasan por sentimientos de vergüenza, desanimo, la motivación para las terapias y la rabia.

Descriptores: Obesidad; Estigma Social; Adaptación Psicológica.

INTRODUCTION

Obesity is seen as a complex and multifactorial disease that has numerous consequences, including biological, psychological and social ones. Its treatment is difficult and changes must be seen according to the way each obese person acts⁽¹⁾. Treatment methods should be aimed at reducing risk and mortality, ranging from lifestyle changes, medication use and, in special situations, surgical procedures⁽²⁾.

According to a survey carried out in 2018 by the Brazilian Society of Bariatric and Metabolic Surgery⁽³⁾ (*Sociedade Brasileira de Cirurgia Bariátrica e Metabólica – SBCBM*), the number of bariatric surgeries between 2012 and 2017 increased by 46.7%, with 105,642,000 procedures being performed in 2017 in Brazil. From 2008 to 2017, within the Unified Health System (*Sistema Único de Saúde – SUS*) in Northeastern Brazil, the state of Pernambuco stood out with 315 thousand people applying for surgery, followed by the state of Bahia with 283 thousand people, and the state of Ceará with 196 thousand people.

Given all the etiological factors of obesity, it must be taken into account that it is also a problem for society, and it is important to identify the path obese people take to treat their health⁽⁴⁾. However, obesity should not be seen only as a disease, but as a phenomenological set that impacts on body volume, since its causes derive from numerous etiological factors. Its prevalence has been increasing, especially among obese children, who will become obese adults, and different interventions have not had a real impact⁽⁵⁾.

Obesity and overweight are a global epidemic. Traditional interventions to promote healthy habits do not seem to be effective. Therefore, proposals for solutions have emerged following technological advances, especially in mobile devices that have been shown to be useful in promoting healthy habits⁽⁶⁾. It has been proven, however, that technology alone is not enough. Those with a healthy weight and diet and who have more positive attitudes towards role modeling were more likely to have possible positive attitudes towards health promotion and, consequently, weight control and lower risk of obesity⁽⁷⁾.

Based on the above, the present study seeks to understand, based on qualitative phenomenological research, morbidly obese patients' perception and coping strategies in the face of situations of social stigmatization, with the study objective being to understand morbidly obese people's coping strategies in everyday situations and lifestyle.

METHODS

This is a qualitative phenomenological study. Phenomenological research seeks to dig deeper into feelings and experiences, trying to understand their meaning and what they can cause⁽⁸⁾.

The study was conducted from December 2018 to February 2019 in a high-complexity teaching hospital of the Health Network of the Ceará State Health Secretariat (*Secretaria da Saúde do Estado do Ceará – SESA*), more specifically in the endocrinology and bariatric surgery department.

The sample consisted of 22 participants and data saturation was used to terminate interviews. Inclusion criteria were: individuals enrolled in a multiprofessional group that assists morbidly obese patients in the endocrinology and

bariatrics department, that is, individuals with a Body Mass Index (BMI) ≥ 40 kg/m², aged over 18 years, regardless of sex, and mentally fit.

Participants whose responses did not reach a satisfactory level of understanding of the triggering questions of the phenomenological interview were not used for the study.

Phenomenological interview was used to collect data. First, we collected sociodemographic data: age, education level, place of residence and marital status. After that, the guiding question that facilitated the collection of data was introduced: how do you perceive yourself in society as morbidly obese person? This question sought to trigger reports of life experiences among the study participants, thus facilitating the interaction between the interviewer and the interviewee.

Responses to the interview were recorded using a LENOVO K5 smartphone with a 16GB internal memory. After recording the interviews, which was consented by the participants, the transcript was typed into an ACER AMD Dual-Core Processor E300, with 320 GB HDD and 2 Giga Byte DDR3 Memory.

Data analysis was carried out following the steps for the application of the phenomenological method⁽⁶⁾: first, there was the description of the reports of the experiences expressed in the individuals' responses. Second, reduction was applied to generate a reflection on the data collected in the first phase. In the beginning, data were organized in a primary way and placed in brackets, a technique called *epoché*, which seeks to observe the experiences without personal assumptions. After that, the aim was to identify the most striking and expressive reports for the elaboration of the core meanings, thereby generating categories of meanings.

The third phase consisted of interpreting the phenomenon, identifying the phenomena included and excluded in the description, reaching the essence of the phenomenon through psychological insight⁽⁶⁾. After this phenomenological analysis, three thematic categories were listed: society's prejudice; diet as a way of life or sacrifice?; and fashion as a villain for the obese person. Shared life experiences were analyzed and then discussed according to Merleau-Ponty⁽⁹⁾, based on the phenomenology that deals with the pertinence of the mundane man.

Thus, the project was appreciated and approved under Approval No. 3.021 and complied with the ethical principles adopted by Resolution 466/2012, which values the participants' right to image and is based on Resolution 510/2016, which emphasizes research in areas of Humanities and Social Sciences. All participants who wished to take part in the research signed an informed consent form in accordance with the aforementioned resolutions of the National Health Council (*Conselho Nacional de Saúde – CNS*). When reproducing the responses, fictitious names were used to preserve the identity of the participants while sharing life experiences.

RESULTS AND DISCUSSION

Participants' mean age was 44.1 ± 7.67 years, ranging from 33 to 59 years. As for the place of residence, seven (33.8%) were from Fortaleza, and 15 (68.1%) lived in the countryside of the state of Ceará. With regard to education, 10 (45.4%) had completed secondary education, three (13.6%) had incomplete secondary education, five (22.7%) had incomplete primary education, and four (18.1%) had completed primary education. As for marital status, nine (40.9%) respondents were single, while 13 (59%) were married.

The categories that emerged are presented next: society's prejudice; diet as a way of life or sacrifice?; fashion as a villain for the obese person.

Society's prejudice

This category portrays society's prejudice, which refers to the stigma that has been established in relation to obese people due to their body shapes and size in addition to the impact of their weight on themselves. People with obesity face a pervasive and resilient form of social stigma and are subject to discrimination in the workplace and in educational and care settings. Weight stigma can cause physical and psychological damage, requiring adequate care, which consequently harms health⁽¹⁰⁾:

“At least I'm an easygoing guy. I thank God for everything! But everyone mocks at me, children mock, everyone [...] look at that fat guy! We get very disappointed because of that, alright!” (João)

“[...] I always try to hide. I have this complex. I believe that many obese people also have this complex, the scale really is a taboo, we always suffer trying to lower it, many times when check it, it has increased.” (Antonio)

According to the reports above, prejudice comes even from children who make fun of their obesity. Some try to hide from society and are afraid of the scale. Obesity is a disease that is totally visible to the eyes and this makes

obese people hide or try to change their appearance to feel included in society. Thus, growth through pain arises from discrimination and other people's perceptions⁽¹¹⁾. The body is subject to norms imposed by society, which is what says whether or not it is within the standards⁽¹²⁾.

With the growth of societies in the West, a larger body size has been discriminated against, while a thinner silhouette has come to be valued and associated with beauty, thus being seen as the only possibility of being perceived as someone of respect and values in the social environment^(13,14).

The impact of living in society occurs prior to self-knowledge, so people stop showing themselves as just one more and start to effectively exist taking into account their experiences for the understanding of their body dimension. Therefore, the expressiveness of the body needs to be seen considering several aspects and understanding the influence of society in the meaning of life⁽¹⁵⁾.

The fat body is affected by the movement of societies and can express much of its stigmatizing memories⁽¹⁴⁾. Phenomenology seeks to understand what a person's experiences can express about them in the world, where the body is not seen as something physical, but as something beyond, full of concepts that make us understand it in the world, that is, through its facticity⁽¹⁶⁾. However, in order to understand the expressiveness through the body, it is necessary to look beyond the individual; it is essential to know everything that surrounds the existence of this being in society⁽¹⁵⁾.

Due to the multiple factors associated with obesity, in society the obese are seen as people with low productivity who add higher costs with medical consultations and have their image affected even within the work environment⁽¹⁷⁾. Obese people are considered disabled, unmotivated and without professional commitment. Discrimination in relation to individuals with obesity arises both in hiring for a job and in the salary issue for these people. As for the salary, each extra point in the BMI can reduce BRL 92 in the monthly income of an overweight manager compared to a thin person⁽¹⁸⁾.

In analyzing the consequences of bariatric surgery for employability, it was observed that the employment rates of 30 patients rose from 50% to 83.3%⁽¹⁹⁾. Consequently, there were also improvements in the face of comorbidities, especially musculoskeletal changes. Thus, with greater functional capacity and wellness, employability also grows⁽¹⁹⁾.

In summary, society is experiencing a visible situation of prejudice against the obese, ranging from employability to social life, with bariatric surgery as a possibility to envision a better adaptation of this individual.

Diet as a way of life or sacrifice?

The term diet is generally poorly understood among obese people and causes suffering in patients, becoming a source of discomfort and individual stigma. Through the reports below regarding the representativeness of the term "dieting", it is possible to identify the meaning of sacrifice, punishment, unlike an educational process:

"A sacrifice! [...] What I think is that I've done them all and I can't. I'm even on one that makes me feel sick, I can't lose weight!" (Maria)

The term diet originates from the Greek word *diaita*, and its meaning is associated with lifestyle, naming this fact a diet. Nutrition, when linked to diet, refers more to nutrition education to keep healthy rather than weight reduction aimed at aesthetic standards⁽²⁰⁾. There is a tendency for people to avoid changing their lifestyle, a fact that is constantly present in obese individuals⁽²¹⁾.

For other people, lifestyle and diet changes play the role of a lifelong punishment:

"Diet is an eternal sacrifice [raises tone of voice], because if you do it once, you have to do it for a lifetime, because if you stop doing it, you get fat all over again. I started a week ago. Only me and God know how much I'm suffering. It's not easy!" (Marina)

There is a sense of indignation on the part of some regarding thinner people, who, from their perceptions, can eat everything while the obese even with lower food intake or eating little gain weight. Such indignation is demonstrated in the following report:

"Diet: I'm angry! Sometimes you see a person who has no restrictions on what to eat, and their body seems normal and you just sigh and gain weight. But then, I know, I am aware that I need the diet, but at first that word makes me angry!" (Ana)

Morbidly obese patients' non-acceptance of their bodies refers, for example, to Merleau-Ponty's phantom limb⁽⁹⁾,

for a limb that no longer exists in the body, in which the musculature continues to receive information to perform the function of that lost limb. This can also occur in a person who has already suffered from obesity whose brain, despite weight loss, cannot understand that it is not possible to maintain the same form of eating as before, thus maintaining a “fat brain”⁽¹⁵⁾.

In a study on subjectivity and motivation in the treatment of obesity in a nutrition clinic, it was shown that adherence to dietary plans and restrictive diets occur due to issues related to self-esteem, beauty and mobility problems. What most motivates them to follow the diet is weight reduction, only some perform it for nutritional treatment to improve health⁽²²⁾.

In summary, the driving factor for lifestyle changes and the perception of following a diet are still fragile for the morbidly obese, and it is much more linked to aesthetic motivations than those related to health and well-being.

Fashion as a villain for the obese person

Talking about fashion, about wearing fashionable clothes for an obese person, is seen as villainy given the difficulties encountered in acquiring adequate clothing, not only due to size and comfort, but also elegance and beauty. In addition, there is a complaint about the poor welcoming the stores offer when serving this audience:

“[...] Sometimes, because we look, we immediately see that belly, then what really kills us is that huge belly, the clothes are not suitable because of the belly.” (Christina)

The report shows how difficult and embarrassing it is to diversify clothing for those who are morbidly obese. The world does not seem to have been created aiming at particularities, and even avoiding passing through the eyes of others, they do not go unnoticed given their own body dimension⁽²³⁾.

The body is what brings meaning to man’s existence in the world, generating representations through speech and expressions, a fact that emphasizes the body’s relationship with society – being through it that we feel, know and identify feelings⁽¹⁵⁾.

In this topic, something directly related to the body and clothes is addressed, which also works as a means of expressing oneself since the use of clothes is an essential item for use in society and demonstrates a lot of personality, personal style, a fact that the obese cannot always enjoy due to the stigma they carry on their body. The market does not simply offer, it defines what must be used and standardized, and the body, most of the time, is the one who must adapt, and not the other way around. If the fat body does not adapt to what is required, then society imposes that it be transformed to live in a social environment⁽²³⁾.

The ideal perfect body conveyed by the media, and consequently by common sense, consists of an aggravating factor, more intense in overweight and obese adolescents who showed greater body dissatisfaction. Psychological dysfunctions such as depression and low self-esteem are associated with body image, and not with BMI, demonstrating that subjectivities, as part of mental health, must be valued⁽²⁴⁾. It is not uncommon for inadequacy to exist in the acquisition of pieces of clothing for the obese:

“It is very difficult. Even clothes are very difficult. There are no stores where I live, I buy clothes more in these thrift stores, you know, they have some large clothes, but in the stores they don’t have them, I get there looking for size 60 pants and there aren’t many [...]” (Marcos)

As an alternative to trying to face the difficulty in acquiring clothes, most participants said they chose to have the pieces made according to their body measurements:

“When I weighted 173 kilos, I couldn’t find clothes for myself, so I had to have them made by a seamstress, or my aunt, who is a seamstress, sometimes she made many of my dresses, or some neighbors made them, because I couldn’t find any [...]” (Lia)

Until recently, obese people had to accept the limitations and restrictions of fashion, which did not meet their needs for modeling and cutting beauty; that is, there was no fashion in obesity, but this has been building and reformulating⁽²⁵⁾. This market is essential and needs to grow, since the prevalence of obesity is not keeping up with the supply of specific clothes for this population group⁽²⁶⁾.

Thus, in the face of so much demand for and scarcity of products, plus size fashion was created. With the high demand for and low supply of clothing for the obese, the industry began to see a chance to earn money and make a profit⁽²⁵⁾. The word plus size is of English origin, in which plus means more and size means dimension, that is, a

larger dimension. The clothes refer to the size above 44. However, despite small changes from the plus size fashion, in this decade the fashion still emphasizes the thinness in advertising and in the media, which makes the clothing producers manufacture clothes in small sizes, serving only thin people. The ideal body reference imposed in the social environment causes an eternal search for the model chosen as perfect⁽²⁷⁾.

It is understood, then, that the body provides the chance to express itself, to create and to connect the body and the mind, without forgetting that the lived body changes in the face of cultural aspects. Man communicates in the world through the body, which is full of meanings, culture and expressions. The body is considered the person's identity in the world and their own existence⁽¹⁶⁾.

The purchase of plus size pieces often leads to a negative feeling due to the lack of beauty of pieces that do not follow fashion trends, making them different from other clothes offered to the normal weight population⁽²⁸⁾:

"I think the body is a bit disproportionate. So I don't feel well, you look at yourself in the mirror wearing an outfit, you want to feel good, but at the same time you don't look very elegant..." (Cristina)

That is, it is necessary to vary the offers for plus size fashion, with the creation of outfits for the beach, parties, lingerie, among others⁽²⁶⁾. Thus, to better serve the target audience, people reported having difficulties in buying clothes suitable for the night (86.67%), where the biggest problem found is in the type of style (40%), as they would like to show the bust (above 40%) and disguise the abdomen (above 40%). Most did not know specific plus size fashion clothes (70%), and all reported that they thought that appropriate pieces can enhance or disguise body parts⁽²⁹⁾.

Reports of prejudice in clothing stores is still large. People judge even before talking to the customer, saying that there are no pieces in the person's size:

"Everywhere people look at you. Clothes, people start saying they don't have them in your size, so that's why I have them made. I don't feel pretty!" (Fernanda)

Lipophobia present in society induces the person to lose weight not for health, but to adapt to aesthetic standards and escape social stigma⁽³⁰⁾.

Thus, contemporary society is impregnated with meanings that run through sociocultural spaces and perpetuate the image of the individual with obesity as guilty for their condition, thus disqualifying them in the environment in which they live. The stigmatization of obesity is related to the impairment of psychic and social health, and its harmful consequences indicate the need to increase efforts to implement psychosocial care and care strategies for these individuals, as well as greater awareness of family members and professionals in the area, especially in the health field⁽²⁷⁾.

One limitation of this research was the selection bias, since all respondents were in the queue for bariatric surgery preparation, with surgery as the last possible therapeutic option. However, this research is relevant because it addresses issues that arise as points of weakness in the daily lives of obese and overweight patients. The phenomenological research, based on its in-depth interview of the phenomenon itself, allows the interviewee to revisit their stigmas and confront the prejudices they face. Only that way will it provide movements for changes and health promotion, which in the long term will be able to prevent weight regain, which is so frequent among patients undergoing bariatric surgery.

However, the complexity of intervening in a situation that involves numerous biological, psychological and social issues should be highlighted. It is suggested that there be more public order interventions that provide greater assistance to the obese, avoiding the triggering of so much social stigmatization and controversies around a disease that permeates several issues of multifactorial causes.

FINAL CONSIDERATIONS

In addition to physical and biological problems, the emotional and mental health background runs through and, in most cases, goes beyond, causing feelings of anxiety, sadness and anguish in the morbidly obese patient at times. It is understood, then, that negative experiences, caused by judgment and social prejudice, are not easy to overcome in the face of morbid obesity.

Through phenomenology, the theme was deepened, thus reaching the essence of the facts in the search for meaning in the answers, understanding the questions and outbursts – in everyday themes that are denied as the villainy of fashion –, the diet approach and society's explicit prejudice.

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CONFLICTS OF INTEREST

There are no conflicts of interest.

CONTRIBUTIONS

All authors participated in data collection and analysis, preparation, and writing of the manuscript, and approved the final version and are responsible for the content.

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